
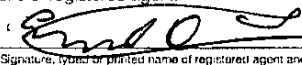
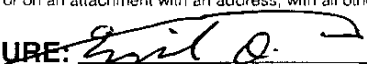


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90100 041 ***150.00

DOCUMENT # P00000005044 1. Entity Name SENIOR WELLCARE SOLUTIONS, INC.					
Principal Place of Business 4160 BROOK CIRCLE W WEST PALM BEACH, FL 33417			Mailing Address P.O. BOX 222461 WEST PALM BEACH, FL 33422		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0732184	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIRULLO, MICHAEL D JR. 3099 E. COMMERCIAL BLVD., STE. 200 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name MICHAEL D. CIRULLO, JR. Street Address (P.O. Box Number is Not Acceptable) 4160 BROOK CIR WEST City WEST PALM BCH FL Zip Code 33417	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  MICHAEL D. CIRULLO, JR. - PRESIDENT - DATE 4/30/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME CIRULLO, MICHAEL D STREET ADDRESS 4160 BROOK CIR. WEST CITY-ST-ZIP WEST PALM BEACH, FL 33417			TITLE P, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME CIRULLO, EVEYLN STREET ADDRESS 4160 BROOK CIR. WEST CITY-ST-ZIP WEST PALM BEACH, FL 33417			TITLE VP, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  MICHAEL D. CIRULLO, SR. - PRESIDENT - DATE 4/30/05 (561) 684-0288					